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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 OF 162 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Valadao for Congress		
Full Name (Last, First, Middle Initial) A. Tal Eslick		Date of Disbursement
Mailing Address 1532 N Sanders Ave		03 26 2014
City State Clovis CA	Zip Code 93619	Amount of Each Disbursement this Period
Purpose of Disbursement mileage - reimbursement	002	56.00 Transaction ID : SB17.E1580853
Candidate Name	Category Type	<i>'\</i>
Office Sought: House Senate President Disbursement F Primal Other		
State: District:		
Full Name (Last, First, Middle Initial) Tal Eslick Mailing Address 1532 N Sanders Ave		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Clovis CA	93619	Amount of Each Dispulsement this Period
Purpose of Disbursement hotel reimbursement 002		40.48 Transaction ID : SB17.E1580850
Candidate Name	Category Type	//
State: District:		
Full Name (Last, First, Middle Initial) Marriott SFO		Date of Disbursement
Mailing Address 1800 Old Bayshore Hwy		03 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Amount of Each Disburseme Burlingame CA 94010		Amount of Each Disbursement this Period
Purpose of Disbursement Hotel reimbursement 002		40.48
Candidate Name Category/		Transaction ID : SB17.E1580850.0 [MEMO ITEM]
Office Sought: House Senate President Disbursement F Primar Other	or: 2014	Sub-vendor itemization of Tal Eslick
State: District:		
SUBTOTAL of Disbursements This Page (optional)		96.48

TOTAL This Period (last page this line number only).....